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May 28, 2010

Dear Physician and Laboratory Director:

The arrival of summer in Los Angeles County (LAC) marks the return of West Nile virus (WNV) season. As in past years the LAC Department of Public Health (DPH) will conduct surveillance to monitor WNV activity. With your participation in the reporting of human WNV infections last year, 25 cases (including five asymptomatic blood donors) were documented in LAC, a decrease of more than 85% from 170 cases in 2008. Reporting cases helps guide DPH and the five mosquito abatement districts in LAC to target mosquito abatement services and health education via the mass media and community based organizations. Most WNV cases have occurred beginning in June, so now is the time to prepare.

The Acute Communicable Disease Control Program (ACDC) recommends that physicians order WNV screening tests for all patients with aseptic meningitis, encephalitis, or acute flaccid paralysis, as well as those who are experiencing a nonspecific illness compatible with WNV fever (an acute infection characterized by headache, fever, muscle pain, and/or rash lasting three days or longer) during the WNV season – late spring through the first week of November in California.

California regulations require physicians and laboratories to report all cases of acute WNV infection to the patient's local Public Health Department. Physicians must report cases of WNV fever and WNV neuroinvasive disease (meningitis, encephalitis, and acute flaccid paralysis). Laboratories and blood banks should report all positive laboratory findings of WNV, including asymptomatic WNV positive blood donors. Reports should be made to Public Health within one (1) working day.

Please be reminded that in addition to WNV infections, all cases of acute encephalitis and meningitis (including those pending definitive diagnosis or suspected to be of viral, bacterial, fungal, or parasitic etiologies) are reportable under California Code of Regulations section 2500 within one working day. A Confidential Morbidity Report (CMR) can be used to file a report; the form can be found on line at <http://publichealth.lacounty.gov/report/prereporting.htm>. The completed CMR may be faxed to the DPH Morbidity Unit at (888) 397-3778. You may also report cases by telephone during normal business hours to (888) 397-3993.

Tests for acute WNV infection in commercial labs generally do not require confirmation by the LAC Public Health Laboratory (PHL). Excellent correlation has been shown between tests performed at most commercial labs and subsequent confirmation in public health laboratories at the county and state.

The PHL provides initial screening tests and confirmation of ambiguous results at no charge to the submitter. Enclosed are testing guidelines and specimen collection protocols for PHL submissions. A standard lab slip with physician and patient contact information must accompany the specimen(s). The PHL will accept serum specimens on outpatients with possible WNV fever diagnosed by a medical provider. Both cerebrospinal fluid (CSF) and serum samples should be submitted for WNV testing for patients hospitalized or evaluated in an emergency department or other health care setting for aseptic meningitis, encephalitis, or acute flaccid paralysis syndrome (atypical Guillain-Barré syndrome). Additionally, for cases of viral meningitis and encephalitis, polymerase chain reaction testing of the CSF for herpes viruses and enteroviruses is available upon request. Prior approval from ACDC physicians is not required before testing clinically compatible WNV fever or neuroinvasive disease cases.

The DPH will provide updated surveillance reports to the medical community as information becomes available during the summer and fall. DPH looks forward to working with clinicians and laboratories in our WNV surveillance efforts. For more information on WNV and other DPH issues, please consult the LAC DPH web site at <http://publichealth.lacounty.gov/acd/VectorWestNile.htm>. For medical consultation regarding WNV disease in humans, WNV prevention, surveillance activities, and test interpretation, please contact Rachel Civen, M.D., M.P.H., at (213) 240-7941. Critical after-hours consultation is available by contacting the after-hours doctor on call at (213) 974-1234.

Sincerely,



Laurene Mascota, M.D., M.P.H., F.A.A.P.
Chief, Acute Communicable Disease Control Program
Los Angeles County Department of Public Health

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Enclosure

c: Rachel Civen, M.D., M.P.H.



INSTRUCTIONS FOR SENDING SPECIMENS

1. Specimen Collection

- ☐ **Acute Serum:** ≥ 2cc serum in red top tube, spun and separated
- ☐ **Cerebral Spinal Fluid (CSF):** 1-2cc CSF if lumbar puncture is performed

If West Nile virus is highly suspected and acute serum is negative or inconclusive:

- ☐ **2nd Serum:** ≥ 2cc serum collected 3-5 days after acute specimen in red top

2. Specimen handling

- ☐ **Refrigerate** serum specimens.
- ☐ Store cerebral spinal fluid (CSF) **frozen**.
- ☐ Each specimen should be labeled with patient name, date of collection, and specimen type.

3. Requested testing - check all apply:

- ☐ Serum – WNV Antibody
- ☐ CSF – WNV Antibody
- ☐ CSF – Enterovirus by PCR
- ☐ CSF – Herpes simplex virus (HSV) by PCR
- ☐ CSF – Viral Culture

Specimens should be sent on **cold pack** using an overnight courier to the following address:

Los Angeles County Public Health Laboratory, Serology Section
12750 Erickson Ave., Downey, CA 90242
Tel. (562) 658-1344

**** IMPORTANT: THE INFORMATION BELOW MUST BE COMPLETED AND SUBMITTED WITH SPECIMENS ****

Patient's last name, first name:			Patient Information	
Age or DOB: _____ Sex (circle): M F Onset date: _____			Address _____	
Clinical findings: <input type="radio"/> Encephalitis <input type="radio"/> Meningitis <input type="radio"/> Acute flaccid paralysis <input type="radio"/> Febrile illness <input type="radio"/> Other: _____ Other tests requested: _____			City _____ Zip _____ County _____ Phone Number (_____) _____ Other information (immunocompromised, travel hx, hx of flavivirus infection, etc.): _____	
			This section for Laboratory use only. Date received and Accession Number	
1 st	Specimen type and/or specimen source	Date Collected	1 st	
2 nd	Specimen type and/or specimen source	Date Collected	2 nd	
3 rd	Specimen type and/or specimen source	Date Collected	3 rd	

Submitting Physician _____ Phone Number (_____) _____

Submitting Facility _____ Phone Number (_____) _____

For questions concerning WNV, call Acute Communicable Disease Control Program at (213) 240-7941
 Los Angeles County Department of Public Health